



WASHINGTON STATE GAMBLING COMMISSION
LOCATION: 4565 7th Avenue SE, Lacey WA 98503
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400
TELEPHONE: 360-486-3440 – FAX NUMBER: 360-407-3778
TOLL-FREE: 1-800-345-2529 – TDD: 360-486-3637
WEB SITE: www.wsgc.wa.gov

ANNUAL RENEWAL APPLICATION – BONA FIDE CHARITABLE / NONPROFIT ORGANIZATIONS

SPECIAL INSTRUCTIONS:

1. Complete the entire application and follow the instructions set out in the renewal notice. Be sure to return it to our office on or before the date required. Failure to do so may jeopardize the operation of your gambling activity(ies).
2. For timely processing of your organization's renewal license, please ensure the highest-ranking executive officer (president or equivalent) signs the application.
3. For help, please contact a licensing technician at any of the above telephone numbers.

THIS FORM WILL BE READ BY A VERY SENSITIVE SCANNING DEVICE

Please use the following examples to fill out this form:

Print with a black ballpoint pen and press firmly, or use a typewriter.

- For best results, please print in capital letters and avoid contact with the lines.
The following will serve as an example:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

1	2	3	4	5	6	7	8	9	0
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- Please 'X' the boxes. Do NOT shade-in or use '✓'.

'X' Boxes Like This ➡ ☒
Not Like This ➡ ☐ ☒

- When asked for additional lists or comments, the information must be neatly printed or typewritten on sheets of white 8 ½ X 11 inch paper.
- When asked for legal or business documents, the copies must be clean and legible and marked so the document can be identified to the question being asked.

TYPES OF ACTIVITY / LICENSE CLASS / FEES:

Fill in the license class and fee for each type of activity you are renewing. A current fee schedule is attached.

<input type="checkbox"/> Bingo (01)	Class: <input type="text"/>	Fee: \$ <input type="text"/>
<input type="checkbox"/> Raffles (02)	Class: <input type="text"/>	Fee: \$ <input type="text"/>
<input type="checkbox"/> Amusement Games (03)	Class: <input type="text"/>	Fee: \$ <input type="text"/>
<input type="checkbox"/> Punch Boards / Pull-Tabs (04)	Class: <input type="text"/>	Fee: \$ <input type="text"/>
<input type="checkbox"/> Social Card Rooms (60)	Class: <input type="text"/>	Fee: \$ <input type="text"/>
<input type="checkbox"/> Fund-Raising Event Distributor (29)	Class: <input type="text"/>	Fee: \$ <input type="text"/>
<input type="checkbox"/> Combination License (08)	Class: <input type="text"/>	Fee: \$ <input type="text"/>

TOTAL FEES SUBMITTED: \$

Business Office Use Only:

Code: 211- <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Amt: \$ <input type="text"/>	Val #: <input type="text"/>
Code: 211- <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Amt: \$ <input type="text"/>	Val #: <input type="text"/>
Code: 211- <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Amt: \$ <input type="text"/>	Val #: <input type="text"/>
Code: 211- <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Amt: \$ <input type="text"/>	Val #: <input type="text"/>
Code: 211- <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Amt: \$ <input type="text"/>	Val #: <input type="text"/>

1. ORGANIZATION NAME / ADDRESS / TELEPHONE NUMBER:

Applicant: _____
Organization Name / Chapter

Mailing Address:

Street Address / P. O. Box

_____ City _____ State _____ Zip _____

[illegible]

Telephones: |_|_|_|_|-|_|_|_|_|-|_|_|_|_| |_|_|_|_|-|_|_|_|_|-|_|_|_|_|
 Organization's Business Telephone Number Gambling Premises Telephone Number

 _____ | - | _____ | - | _____
Organization's Fax Telephone Number

 _____ | - | _____ | - | _____
Cell Telephone Number (Optional)

[illegible]

RAFFLE ONLY –

County in which the organization's primary business office is located: | | | | | | | | | | | |

If no business office, in which county does the organization president reside? _____

2. PREMISES / EQUIPMENT:

Address (Where the activity will be conducted):

_____ Street Address

_____ City _____ State _____ Zip _____

County

Telephone: |_|_|_|_|-|_|_|_|_|-|_|_|_|_|| Fax: |_|_|_|_|-|_|_|_|_|-|_|_|_|_||

Is the above address within the boundaries of a town or city? ☐ Yes ☐ No

Does the organization own the premises? ☐ Yes ☐ No

If rented, provide the following:

Landlord (Full Name): _____

_____ Street Address _____

[illegible]

Have you entered into a new premises lease or exercised an option to renew your current lease in the past 12 months?

☐ No ☐ Yes **If Yes,** submit a signed and dated copy of the new lease.

Does the organization own the equipment used to conduct the gambling activity(ies)? ☐ Yes ☐ No

If rented, provide the following: (attach listing, if necessary)

Owner (Full Name): _____

_____ Street Address

_____ City _____ State _____ Zip

Have you entered into a new equipment lease or exercised an option to renew your current equipment lease in the past 12 months? ☐ No ☐ Yes **If Yes**, please submit a signed and dated copy of the new lease.

3. LIST OF OFFICERS:

a. President or Equivalent:

Full Name: | | | | | | | | | | | | | | | | | | | | | | | |

Have you completed the training requirements for the President or Equivalent listed on the attached *Affidavit for Completion of Officer Training* (GC4-283b)?

☐ Yes ☐ No

If No, complete and return the affidavit with this renewal application.

Date of Birth: |_|_|-|_|_|-|_|_|_|_| Social Security #: |_|_|_|-|_|_|-|_|_|_|_|

Home Address: | | | | | | | | | | | | | | | | | | | | | |

Street Address

City State Zip

Telephone:

Home: |_|_|_|_|-|_|_|_|_|-|_|_|_|_|_| Work: |_|_|_|_|-|_|_|_|_|-|_|_|_|_|_|

Work: | | | | - | | | | - | | | |

b. Treasurer:

Full Name: _____

Date of Birth: |_|_|-|_|_|-|_|_|_|_| Social Security #: |_|_|_|-|_|-|_|_|_|_|

Home Address: | | | | | | | | | | | | | | | | | | | | | |

Street Address

[illegible]

Telephone:

Home: | | | | - | | | | - | | | | | Work: | | | | - | | | | - | | | |

Work:

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c. Chairman of the Board:

Full Name:

Date of Birth: | | | - | | | - | | | | Social Security #: | | | - | | | - | | | |

Home Address: | | | | | | | | | | | | | | | | | | | | | |

Street Address

_____ City _____ State _____ Zip _____

Telephone:

Home: | | | | - | | | | - | | | | | Work: | | | | - | | | | - | | | |

Work: - -

4. **PRIMARY GAMBLING ACTIVITY MANAGER(S):** (Complete one for each separate gambling activity. If more than three (3) separate activity managers, provide information by attachment.)

a. Full Name: _____

Have Gambling Commission training requirements been completed by this individual? ☐ Yes ☐ No

Date of Birth: | | | - | | | - | | | | Social Security #: | | | | - | | | - | | | |

Gambling Activity: |

Home Address: | | | | | | | | | | | | | | | | | | | | | |

Street Address

_____ City _____ State _____ Zip _____

Telephone:

Home: | | | | - | | | | - | | | | | Work: | | | | - | | | | - | | | |

Work:

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4. PRIMARY GAMBLING ACTIVITY MANAGER(S): (Continued)

b. Full Name: |

Have Gambling Commission training requirements been completed by this individual? ☐ Yes ☐ No

Date of Birth: | | | - | | | - | | | | Social Security #: | | | - | | | - | | | |

Gambling Activity: |

Home Address: _____ Street Address _____

City State Zip

Telephone:

Home: | | | - | | | - | | | | Work: | | | - | | | - | | | |

c. Full Name: |

Have Gambling Commission training requirements been completed by this individual? ☐ Yes ☐ No

Date of Birth: | | | - | | | - | | | | Social Security #: | | | - | | | - | | | |

Gambling Activity: |

Home Address: _____ Street Address _____

[illegible]

Telephone:

Home: | | | - | | | - | | | | Work: | | | - | | | - | | | |

5. PUNCH BOARD / PULL-TAB LICENSEES – Do you feature Pull-Tab machines with progressive jackpot games? (NOTE: This does not include carry-over pull-tab games.)

☐ Yes **If Yes**, who is your licensed nonprofit gambling manager?

Name: | | | | | | | | | | | | | | | | | | | | | |

Social Security #: | | | - | | - | | |

☐ No Go to Section (6). (See WAC 230-30-025, 040, 045 and 070.)

6. QUALIFICATION / ANNUAL RENEWAL INFORMATION:

a. General:

(1) Have there been any changes or amendments to your:

(i) By-Laws? ☐ Yes ☐ No

(ii) Articles of Incorporation?..... ☐ Yes ☐ No

(iii) IRS tax exemption (suspended / revoked)? ☐ Yes ☐ No

If Yes to any of the above, attach a copy of the changed documents.

b. Membership Information:

(1) How many general membership meetings has your organization held during your last fiscal year? | | |

(2) How many regular board meetings has your organization held during your last fiscal year?

(3) How many *active* members are in your organization as of the date of this application?

(4) Are all members allowed to vote? ☐ Yes ☐ No

If No, how many active voting members do you have?

c. Bingo Licensees ONLY:

Have you entered into an agreement to share a bingo facility and / or bingo management with another bingo licensee? ☐ Yes ☐ No

If Yes, have the provisions of WAC 230-20-002 and / or WAC 230-20-005 been met? ☐ Yes ☐ No

**** SPECIAL NOTICE ****

All charitable and nonprofit managers who perform or are responsible for one or more of the following gambling managerial functions must be licensed as a **Charitable / Nonprofit Gambling Manager**. See WAC 230-04-145.

- Class D or above Bingo (Primary / Assistant Managers);
- Class C or above Punch Board / Pull-Tabs (Primary Manager only);
- An employee responsible for the supervision of gambling managers;
- An employee assigned the highest level of authority by the officers or governing board, when the organization is licensed to receive more than \$300,000 in combined gross gambling receipts; or has an established trust or endowment fund and has gambling receipts in excess of \$100,000 contributed to that fund;
- An employee responsible for supervising the operation of progressive jackpot pull-tab games, as authorized in WAC 230-30-025.

Should you have any individuals in one or more of the above categories, excluding anyone presently licensed as bingo game manager, please contact our agency for an application.

If you have any questions, please call us at 1-800-345-2529 or (360) 486-3440.

**** STOP ****

Please review the entire application AGAIN. Assuring complete answers and attachments will facilitate the processing of your renewal and prevent delays due to missing or incorrect information. If you need help, please ask.

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (see RCW 42.17) and other Washington laws. Per WAC 230-04-020 (4), the Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.17.330.

**** REMEMBER ****

Only your highest-ranking executive officer (president or equivalent) may sign this application.

OATH OF APPLICATION

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided on this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for revocation / suspension of any gambling license(s) currently held. I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for suspension or revocation of my license. I further understand that if any criminal or civil actions are filed against any officers of the organization during the application or licensure period, the commission must be informed. See WACs 230-04-022, 230-12-305, and 230-12-310.

Print – Last Name: |_____

Print – First Name: |_____ MI: |__|

Signature: _____

Title: |_____

Date: |__|_|-|__|_|-|__|_|

Application Prepared By:

Print – Last Name: |_____

Print – First Name: |_____ MI: |__|

Title: |_____

Date: |__|_|-|__|_|-|__|_|

Address: |_____

City: |_____ State: |__|_| Zip: |_____

Telephone: |__|_|_|-|__|_|_|-|__|_|_| Fax: |__|_|_|-|__|_|_|-|__|_|_|

Cell Phone: |__|_|_|-|__|_|_|-|__|_|_|